

STONINGTON POLICE DEPARTMENT
 173 South Broad Street
 Pawcatuck, CT 06379
 Phone: 860-599-7510
 E-Mail: nmitchell@stonington-ct.gov



VERIFIED BAZAAR STATEMENT

This form must be completed by the three designated active members of the sponsoring organization and submit to the **Stonington Police Department** within one month of completion of the bazaar.

NAME OF ORGANIZATION _____ PERMIT NUMBER: _____

ADDRESS (No. & Street) _____ (City/Town) _____ (State) _____ (Zip) _____

TOWN WHERE BAZAAR WAS HELD _____ BAZAAR DATES: _____
 COMMENCING: _____ TERMINATING: _____

NAME OF EQUIPMENT DEALER/REGISTRATION NUMBER OF EQUIPMENT DEALER _____

AMOUNT OF GROSS RECEIPTS _____ TOTAL EXPENSES _____ NET PROFIT _____
 \$ _____ \$ _____ \$ _____

LIST ALL RECEIPTS FROM EACH TYPE OF GAME OF CHANCE OPERATED.

DESCRIPTION OF GAME	AMOUNT	DESCRIPTION OF GAME	AMOUNT
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
TOTAL RECEIPTS FROM GAMES OF CHANCE OPERATED (ADD ITEMS 1 THROUGH 8)			\$

LIST EACH ITEM OF EXPENSE INCURRED OR PAID AND EACH ITEM OF EXPENDITURE MADE OR TO BE MADE; AND THE NAME AND ADDRESS OF EACH PERSON TO WHOM EACH ITEM HAS BEEN OR IS TO BE PAID.

<u>EXPENSE/EXPENDITURE</u>	<u>NAME & ADDRESS OF PAYEE</u>	<u>AMOUNT</u>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
<u>TOTAL EXPENSES (ADD ITEMS 1 THROUGH 10)</u>		\$

LIST THE USES TO WHICH THE NET PROFIT HAS BEEN OR IS TO BE APPLIED:

PRIZES

LIST EACH PRIZE OFFERED, THE RETAIL VALUE, THE NAME AND ADDRESS OF THE PERSON WHO WAS AWARDED SUCH PRIZE, AND THE WINNING TICKET NUMBER.

<u>PRIZE OFFERED/AWARDED</u>	<u>RETAIL VALUE</u>	<u>NAME & ADDRESS OF PRIZE RECIPIENT</u>	<u>WINNING TICKET #</u>
1.	\$		#
2.	\$		#
3.	\$		#
4.	\$		#
5.	\$		#

STATEMENT OF ACTIVE MEMBERS AND RANKING OFFICER

WE, THE UNDERSIGNED, DO HEREBY EACH CERTIFY UNDER PENALTY OF FALSE STATEMENT THAT THE FOREGOING STATEMENT IS A TRUE AND ACCURATE REPORT OF THE HOLDING, OPERATION, AND CONDUCT OF THE RAFFLE DESCRIBED HEREIN.

PRINT NAME OF ACTIVE MEMBER	SIGNATURE	TELEPHONE NO.	DATE
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1.

2.

3.

PRINT NAME OF RANKING OFFICER	SIGNATURE	TELEPHONE NO.	DATE
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CONCLUSION OF POLICE CHIEF

I HAVE EXAMINED THE FOREGOING REPORT AND COMPARED IT WITH THE ORIGINAL APPLICATION AND I HAVE FOUND NO DISCREPANCIES

SIGNATURE OF THE CHIEF OF POLICE

DATE